

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7a 10377

FILED JUN 5 1944
Registration District No.

Primary Registration District No. 3076

Registrar's No.

73

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Needda Dual Center Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not a hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 weeks
 (Specify whether years, months or days)
 In this community all life

3. (a) PRINT FULL NAME CLER: WALLACE

3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Roland Wallace
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased June 6 - 1914
 (Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 9
 If less than one day hr. min.

9. Birthplace Nevada Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Clare Long

13. Birthplace Not Known Kansas
 (City, town or county) (State or foreign country)

14. Maiden name Wella Ferguson

15. Birthplace Nevada Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Roland Wallace

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 5-18-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director W. J. Turner

(b) Address Nevada Mo

19. (a) 6-1-44 (b) Regel B. Benick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
 (c) City or town Rural #3 Center Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. Nevada Mo
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
 year 1944 hour 7 minute 30 a-m.

21. I hereby certify that I attended the deceased from Mar 7 1944 to May 15 1944,
 that I last saw her alive on May 14 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Br. Pneumonia
 Duration since May 7th

Due to Don't Know

Due to 12:11

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured Appendix
Operation Mar 7 - 1944
 Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
 (b) Date of occurrence ✓
 (c) Where did injury occur? ✓ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature W. J. Turner (M. D. or other)
 Address Nevada, Mo Date signed May 15/44

1531

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me

working under my personal supervision.

Signed

L. B. Ferry
Licensed Embalmer No. 1960

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.